

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF WYOMING

In re:) CHAPTER 11
POWELL VALLEY HEALTH CARE, INC.,) Case No. 16-20326
Debtor-in-Possession.) **NOTICE OF TRANSFER OF CLAIM
OTHER THAN FOR SECURITY AND
WAIVER OF NOTICE**
) Bankruptcy Rule 3001 (e)(1)

PLEASE TAKE NOTICE that the scheduled claim of **CODY ENTERPRISE** ("Transferor") against the Debtor in the amount of **\$919.00**, as listed within Schedule E/F of the Schedules of Assets and Liabilities filed by the Debtor, and all other claims of Transferor have been transferred and assigned other than for security to **DACA VI, LLC** ("DACA"). The signature of the Transferor on this document is evidence of the transfer of the claims and all rights there under. Transferor hereby agrees to waive notice as described by Bankruptcy Rule 3001(e)(1).

I, the undersigned Transferor of the above-described claims, hereby assign and transfer my claims and all rights there under to DACA upon terms as set forth herein and in the offer letter received. I represent and warrant that the claim is not less than **\$919.00** and has not been previously objected to, sold, or satisfied. Upon notification by DACA, I agree to reimburse DACA a portion of the purchase price if the claim is reduced, objected to, or disallowed in whole or in part by the Debtor. Such reimbursement would be calculated as follows: dollar amount of claim reduction multiplied by the purchase rate. Other than as stated above, DACA assumes all risks associated with the debtor's ability to distribute funds. I agree to deliver to DACA any correspondence or payments received subsequent to the date of this agreement and authorize DACA to take any steps necessary to transfer this claim and all claims we hold against the above debtor into their name. The clerk of the court is authorized to change the address regarding the claim of the Transferor to that of the Transferee listed below.

TRANSFEROR:

CODY ENTERPRISE
3101 Big Horn Ave CODY, WY 82414

Print Name Robert H. Kennedy Title President

Signature Robert H. Kennedy Date 7/26/2016

Updated Address if needed) _____

Phone _____ Fax _____ E-Mail _____

Federal Tax Identification / Social Security Number: _____

TRANSFeree:

DACA VI, LLC
1565 Hotel Circle South, Suite 310, San Diego, CA 92108

Signature: Andrew Whatnall

Andrew Whatnall

Mail Ref# 1-184
3061120